IPDR6702 NORTH CAROLINA PAGE: 1

RUN DATE: 10/16/2005 IPRS CHECKWRITE SUMMARY REPORT

CHECKWRITE DATE: 10/18/2005

FINANCIAL PAYER: NCDMH

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	76	DUPLICATE OF CLAIM-SYSTEM	3	221	2800	2579
		5308	12	PRIOR AUTHORIZED UNITS EXCEEDE D				
3404910	PATHWAYS	10	90	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	176	3491	3290
		11	27	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	19	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	22	33	353	320
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	11	6045	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8933	1405	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1650	8042	8764	722
		8599	136	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIORAL HEAL	8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	33	DUPLICATE OF CLAIM-SYSTEM	0	152	4452	4300
		10	29	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404917	CENTERPOINT HUM AN SERVICES	21	4017	DUPLICATE OF CLAIM-SYSTEM				
		10	675	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	35	5731	14743	9012
		8599	598	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404919	GUILFORD CO MEN	8536	504	ATTENDING PROVIDER TYPE AND SP				
	TAL HEALTHC			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		79	362	THIS SERVICE IS NOT PAYABLE TO	150	1314	6532	5218
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	122	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8502	711	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT ALLOTMENT				
		0	0		0	711	723	12
3404921	ORANGE PERSON C	8800	90	FURTHER PROCESSING NECESSARY,				
	HATHAM AREA			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		191	83	CLIENT ID NUMBER DOES NOT MATC	22	491	3257	2766
				H PATIENT NAME				
		8505	72	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404922	THE DURHAM CENT	8329	162	CLAIM DENIED ATTENDING PROVIDE				
	ER			R CANNOT BE THE SAME AS				
				THE LMA				
		8535	4	SERVICE FACILITY LOCATION WAS	0	168	192	24
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404923	FIVE COUNTY MH	8536	138	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		79	29	THIS SERVICE IS NOT PAYABLE TO	0	240	2784	2544
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	20	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE	8534	2982	SERVICE FACILITY LOCATION IS N				
	R FOR MH/DD			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8536	1935	ATTENDING PROVIDER TYPE AND SP	185	8561	23455	14894
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		79	1556	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404926	SOUTHEASTERN RE	21	2768	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		8599	761	DETAIL NOT COVERED BY COMBINAT	976	5550	11749	6199
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	604	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

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3404927	CUMBERLAND CO M	8599	1	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0	0		0	1	2	1
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY	8505	142	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		8800	4	FURTHER PROCESSING NECESSARY,	0	146	146	0
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404931	WAKE CO HUM SVC	21	400	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		8599	145	DETAIL NOT COVERED BY COMBINAT	42	807	5870	5063
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8952	98	CLAIM DENIED DUE TO AGE RESTRI				
				CTIONS FOR TARGET POPULATION				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	120	106	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		11	32	CLIENT NOT ELIGIBLE ON SERVICE	2	253	4011	3758
				DATE				
		8000	31	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404934	ONSLOW CARTERET	8535	647	SERVICE FACILITY LOCATION WAS				
	BEHAV HEAL			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	94	DETAIL NOT COVERED BY COMBINAT	0	830	1465	635
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	31	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8931	38	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8599	8	DETAIL NOT COVERED BY COMBINAT	38	54	1258	1204
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	3	DUPLICATE OF CLAIM-SYSTEM				

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3404937	EDGECOMBE NASH MNTL HLTH C	21	63	DUPLICATE OF CLAIM-SYSTEM				
		8599	12	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	75	133	58
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HEALTH CENTER	8599	95	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	11	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	113	1259	1146
		24	4	PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404941	PITT CO MH/DD/SAS CENTER	120	580	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	68	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	17	697	1785	1088
		191	17	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	33	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8952	26	CLAIM DENIED DUE TO AGE RESTRICTIONS FOR TARGET POPULATION	9	100	1852	1752
		21	25	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTAL HEALTH CE	8599	134	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	121	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	13	355	1086	731
		21	64	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMAN SERVICES	21	11475	DUPLICATE OF CLAIM-SYSTEM				
		8599	1584	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	137	15338	23504	8166
		191	1248	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404946	FOOTHILLS AREAMENTAL HEALTH	8329	464	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
		8518	12	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	477	486	9
		191	1	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				

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3404957	TIDELAND MENTAL HEALTH CTR	191	19	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
		8599	10	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	55	1806	1751
		21	10	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM H/DD/SA PRO	21	111	DUPLICATE OF CLAIM-SYSTEM				
		191	2	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	0	113	566	453